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OPERATIONS FOR ARTIFICIAL PUPIL.

BY HENRY W. WILLIAMS, M.D., BOSTON.

{Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—May I ask room in your JOURNAL for a report of two recent operations for artificial pupil—not on account of any novelty which they present, but as instances of how much may be done for the relief of cases which are otherwise hopeless, and are too often neglected as incurable.

Mr. ——, at. 35, had suffered from catarrhal ophthalmia, in consequence of which the right cornea was destroyed, and the left became perforated by extensive ulceration. Prolapsus of the iris had occurred, and the edge of the pupil had become adherent to the cicatrix of the cornea, so as to deprive him of vision. The lower portion of the cornea and iris were, however, sufficiently healthy to allow of the formation of an artificial pupil, and this operation was performed on the 24th of September, 1857.

A small incision was made a little below the centre of the cornea, in a portion already opaque, so that the amount of clear space would not be lessened by the slight scar resulting from the wound. Through this opening a pair of toothed forceps, scarcely larger than a hair, was introduced, and the iris was seized at its lower margin. It was then torn away from its ciliary attachments, and brought carefully out through the wound, to an extent sufficient to form a pupil of the requisite size. This portion was then quickly excised by one of the gentlemen assisting me, with fine curved scissors.

As usual, the anterior chamber became filled with blood the instant the iris was torn, and the form and size of the new-formed pupil could not be seen. The edges of the wound of the cornea were placed in perfect apposition, and the patient was allowed to be led home, some two miles distant.

On the 26th, he reported that he had no pain of any consequence.

There was little injection of the eye, and the blood was already partially absorbed.

29th, the blood had been absorbed, so that the new pupil could be seen, having the average size of the natural pupil, and almost perfectly round. The injection of the eye had nearly disappeared.

From that time to the present (Nov. 7th) his vision has continued to improve. He can guide himself, and as he is still constantly gaining, I think he will be able to earn his livelihood by ordinary labor.

Mr. ——, æt. 65, lost the left eye many years since, in consequence of a prick from a twig of rose-bush. The right eye has been recently lost, apparently from a sub-acute iritis, which has caused entire obliteration of the pupil by a deposit of lymph. When I saw him, on the 24th of October, 1857, the eye was free from evidences of inflammation, and the entire cornea was clear. I deemed it advisable to form an artificial opening in the iris, rather than to attempt the re-opening of the natural pupil, which would probably have involved the necessity of a removal of the crystalline lens. As, however, it was desirable that the aperture should be as nearly central as possible, I made the wound of the cornea at its lower margin, and applied the forceps to the part of the iris just below the obliterated pupil. A portion was then drawn out and excised, as in the operation previously reported.

The next day, the patient was about the house, and took his meals as usual. The anterior chamber was still filled with blood. He has had no pain, and the eye is only slightly injected.

Two days after the operation, the blood was partially absorbed, but the pupil could not be seen.

On the fifth day, he was able to guide himself.

November 7th, a fortnight after the operation, he could see quite well, and can even read a large print without glasses. Vision will improve for some time to come, and promises to be very perfect.

In regard to operations of this kind, I think it worthy of remark, that the tolerance of the iris seems to be most complete. Though this tissue is so very susceptible to inflammation in consequence of punctured wounds, the presence of small foreign bodies, or pressure from any fragments of the lens after operations for cataract; yet in the many cases where I have performed operations for artificial pupil, not merely lacerating, but almost always excising a portion of the iris, I have never seen an instance where the slightest inflammation has supervened. Of course the results of these operations are less brilliant than those of operations for cataract on eyes which are otherwise healthy; for they are performed only where the visual organs have been seriously injured and often nearly destroyed by previous inflammation. But the success obtained seems to be no less gratifying to those who are the sub-

jects of operation, as they are relieved of their absolute dependence upon others, and are frequently able to live by their own exertions.

*Essex Street, November 7th, 1857.*

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**CARCINOMA OF STOMACH, WITH SUBSEQUENT DILATATION  
RESULTING FROM CONTRACTION OF THE PYLORUS.**

UNDER THE CARE OF PROFESSOR OPPOLZER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—I translate the following case from the *Allgemeine Wiener Medizinische Zeitung*, as I find the stenographical notes of that Journal much fuller than my own relative to the same.

*Boston, November, 1857.*

JAMES C. WHITE, M.D.

The patient, 52 years old, ascribes a duration of five years to his present disease. In the commencement, his digestive powers, previously good, began to give way. Soon afterward, various troubles came on. Pains in the gastric region arose, which at first were confined to a small spot in the neighborhood of the left hypochondrium, but gradually extended over the whole stomach in the later stages of the disease. These pains came on immediately after eating, or after external pressure, and the quality of the food taken had little influence over them. He was also much troubled with eructations after meals, and could often recognize the odor of articles of food which were easily digestible, many hours after taking them. Heartburn frequently came on after the ingestion of food, followed, after a few minutes, by the rushing of a watery fluid into the mouth. Action of intestinal canal was very irregular, both in regard to quality and frequency of stools. During the last six weeks, the condition of the patient had become much worse. The pains became more intense; he was frequently attacked with cardialgia; his appetite diminished much; and as often as he ate anything, eructation, nausea and vomiting followed, a half or quarter of an hour subsequently, so that the food was to be recognized for the most part unchanged in the vomitus. The patient also vomited, besides this, a dirty-brown fluid mass, even when no food had been taken. Under these symptoms he became much emaciated, his strength diminished, he was obliged to keep the bed, and was brought to the clinique in the following condition.

The patient has a cachetic appearance and pale complexion. The fat in the subcutaneous cellular tissue has disappeared, and the muscles are emaciated. The face is fallen in, the eyes deeply sunken, the expression weak, the lips pale, the tongue coated, the appetite very small, the thirst increased, and the temperature of the skin diminished.

By observation of the abdomen we perceive a bulging up, which

begins nearly in the middle between the lower end of the processus xyphoideus and the umbilicus, extends downward two inches below the latter, and to the right as far as the right side of the musculus rectus, and is lost under the left hypochondrium. The protuberance is of the greatest width toward the left hypochondrium, and diminishes toward the right; its upper edge is concave, and its lower convex. The first is, as will be shown, the small, the latter the large curvature of the stomach. This protuberance (belonging to the stomach) does not always preserve the same form, magnitude and position, but shows distinctly, now and then, irregular contractions, which can neither be considered peristaltic nor anti-peristaltic. The stomach draws itself together now at the middle, now at the right, now at the left, whereby evident pain is produced. These contractions may be easily produced by friction with the hand, and by this means the tumor becomes smaller, especially toward the left. By inspiration it is moved downward, by expiration upward. Its consistence is elastic.

In its upper portion the percussion gives a clear, tympanitic sound, in its lower a dull sound; farther down the percussion sound becomes again tympanitic. That is, the stomach contains much fluid, and in the upper part gas. When the patient lies upon the left side, we find at the pylorus a clear, tympanitic sound, and at the fundus a flat sound; and the reverse of this is true when he turns upon the right side.

If we examine the patient while lying upon the left side, we can feel a tumor of the size of a pippin situated two inches to the right of the processus xyphoideus, corresponding to the pylorus, which is oblong, knotty, of unequal density, and very painful on pressure. It is also somewhat movable, follows the respiratory movements of the diaphragm, and transmits the pulsations of the abdominal aorta. If the patient assumes any other position, the tumor disappears behind the liver. The lower portion of the abdomen below the stomach is much sunken, and there has been no dejection for four days.

*Examination of Vomitus.*—The matter rejected forms a fluid, dirty-brown mass, resembling the sediment of coffee, and has the odor of fermenting beer. It is frothy on the surface, ropy, contains mucous lumps, and its re-action is strongly acid. By treatment with nitric acid, albumen is found. By the addition of acetic acid many flocculi are found, characteristic of mucus. The potash test for hematine fails to give a definite result, owing to the complicated nature of the fluid.\* Under the microscope a great many blood corpuscles were found, already changed in form, and of a blackish-brown color. In addition there were mucus corpuscles, sarcina ventriculi in considerable quantity, and debris of food,

\* The fluid should be filtered, and then on addition of a solution of potash it appears green if held up to the light, but red when the light falls upon it, provided any hematine be present. We may also evaporate to dryness, and test the residue for iron with the usual re-agents.

such as amyline corpuscles, spiral fibres of vegetables, elastic and muscular fibres. No pus, cancer cells or stroma were found.

*Diagnosis.*—There can be hardly any doubt that the disease before us is seated in the stomach. The appearances from which we deduce this, are: the nausea, the frequent vomiting, especially after eating, the character of the vomitus, the heartburn (produced by a sort of fermentation which the food undergoes), the frequent eructation, the attacks of cardialgia and the pains in the gastric region which are produced by the ingestion of food. From the blood in the vomitus we may infer that one or more blood-vessels have been laid open. Haematemesis occurs in various diseases; in acute catarrh of the stomach, in erosions, in ulcer rotundum, in carcinoma, especially in the villous form, in polypi, whether they are merely an hypertrophy of the mucous membrane, or a real fibrous growth, in lipoma, in varicose veins of the stomach, and when an aneurism bursts into its cavity. Of all these we consider a cancer of the stomach the most probable cause of the haemorrhage before us, which is produced by the erosion of bloodvessels in the softening stage of carcinoma. In order to pronounce a well-grounded diagnosis, we must reconsider the results of the physical examination. The stomach, the contour of which is visible by mere inspection, is of an undue size, and extends below the umbilicus. Moreover, we perceive in it movements which do not exist in the normal condition. The natural movements of the stomach only take place after meals, by which the food is moved about from the fundus to the pylorus and in the opposite direction; and these movements are never connected with any sensation of pain. In our patient, however, the contractions are of frequent and irregular occurrence, are painful, and often so severe that the stomach appears to be divided into two halves. We must therefore conclude that the muscles of the stomach are hypertrophied. The evidence of percussion teaches us the same. We find in a space bounded inferiorly by a convex line, and which corresponds both in position and form to a dilated stomach, at all times a flat sound in the dependent portions; and only in the more elevated parts a tympanitic sound. The stomach must therefore be partly filled with fluid, partly with gas. In a healthy individual, on the contrary, the stomach is full only after eating, and, as soon as the food has left it, contracts like the intestine. It follows, therefore, that the organ cannot rid itself in the natural way of its contents. This is the case either when a contraction of the pylorus, or a paralytic or subparalytic condition of the walls of the stomach exists. In the present case, where the contractions of the organ are distinctly perceptible, a stricture of the pylorus is alone admissible. Besides the above-mentioned symptoms, there are also others by which we may ascertain the existence of dilatation of the stomach; for if we allow the patient to drink while

When we auscult in the gastric region, we shall hear the fluid fall deeper than in the normal condition—"as if it dropped down into a well," as the old observers expressed it. Moreover, the patient vomits at times quantities so enormous that no stomach of normal capacity could contain them. The sum of all these appearances leads us, then, to the opinion that a narrowing of the pylorus, with secondary dilatation of the stomach and hypertrophy of its walls, has taken place. Such an hypertrophy comes on in the same manner as hypertrophy of the heart in obstruction of the circulatory system. The muscles contract energetically in order to expel the contents, in consequence of which the flow of blood to the part is increased, as is the case with every muscular organ which is burdened with extra duties to fulfil, and thus the hypertrophy comes about. Of course this implies a gradual development of the obstruction, since by a hindrance of sudden growth the muscular system does not have time to become hypertrophied, the walls of the stomach become weakened on account of the rapid stretching they undergo, and the consequence is a passive dilatation analogous to the same process in the heart.

Let us now consider the pathological process which has caused the stricture. Obstructions of the pylorus may be seated within itself, in its walls, or outside the walls.

A. Within the pylorus they are mostly polypi, fibroid tumors, lipoma, villous cancer, &c., all of which occasion generally only a temporary or alternating obstruction, inasmuch as they at one time fall down into the opening of the pylorus and close it, and at another change their position and leave it free. This alternation in the symptoms leads us to suspect such a movable obstruction. In our patient, however, every ground for such a conclusion is wanting.

B. Obstructions which have their seat in the walls are generally cicatrices, which are established as a sequence of the various ulcerative processes about the pylorus. To this class belong the nodules, which arise in the process of cicatrization of a round ulcer, and are confounded with scirrhus, and those cicatrices resulting from poisoning with mineral acids, especially sulphuric acid, which often flows along the smaller curvature of the stomach, from the oesophageal opening to the pylorus, without touching the other portions of the organ, and forms ulcers, which healing leave behind cicatrices, the so-called false cheloid; just as when it is applied to the external skin. In other cases, cicatrices result from tuberculous ulcers and catarrhal affections in the stomach, though very rarely. But with all these we can have nothing to do. The callous cicatrices, which follow an ulcer, owe their existence to a partial peritonitis, by which adhesion takes place, and thus the tumor becomes fixed; it is a movable tumor, however, which we have before us. Neither has any poisoning with mineral acids occurred,

and there is no evidence of any tubercular or typhoid disease having preceded. A simple hypertrophy of the coats of the stomach, such as occurs most frequently in chronic catarrh of the organ, and in old spirit-drinkers, can, it is true, produce a contraction of the pylorus; but these cause a uniform tumor, and not, as here, an uneven one, and cannot either explain the severe hæmatemesis and subsequent symptoms; moreover our patient was never given to drink. But another and not a seldom cause of stenosis of the pyloric orifice is cancer of the stomach, and it is to this disease that all the symptoms point. We find in an individual, 52 years old, borne down by some cachexia, a hard, knobbed, painful and movable tumor, which corresponds to the region of the pylorus, and from which all the above-mentioned disturbances spring. All this directs us to seek in a carcinoma of the stomach the cause of the whole process of the disease. We have still to take into consideration,

C. The obstructions which are situated outside the pylorus. In this class are to be reckoned the various tumors which by pressure from without make the pylorus impervious, as cancer or echinococcus of the liver; moreover tumors of the transverse colon, for instance masses of indurated faeces, tumors of the head of the pancreas, of the neighboring lymph-glands, retro-peritoneal masses, and the like, can be excluded here, since they are for the most part fixed, and must have obtained a considerable volume in order to cause pressure enough to produce such a stenosis: excessive tightening of the abdominal walls must also be required to act as counter pressure, and assist in the compression. Finally, a dislocation of the stomach may lead to stenosis pylori.

After these reflections, we arrive at the conclusion that the stenosis in our patient is produced by a cancer of the pylorus, and the notable deterioration in his condition during the last six weeks, the frequent hæmatemesis, and the painfulness of the tumor, tell us that within this time the stage of softening has come on, and that we have now to do with an open cancer.

*Prognosis.*—No favorable termination can be hoped for; and no case of cure ever came under our observation.

*Treatment.*—I shall not translate the plan of treatment advised by Oppolzer at length, because it is symptomatic, and essentially the same as that reported in the article on *Ulcus Rotundum*. He insists upon the most careful attention to the diet, and a resort to the milk diet if none other be borne. The dyspepsia he thinks will be little benefited by the bitter remedies, which, if long continued, tend only to destroy the appetite entirely.

This patient went on suffering much from frequent and severe cardialgia; hæmatemesis occurred several times, and during the last days of life there came on a profuse hæmorrhage from the intestinal canal. He emaciated to a skeleton, became paler and

colder, the pulse became very small and frequent, and he died from exhaustion, in consequence of anaemia of a high degree, brought on partly by loss of blood, partly by means of deficient nourishment, since the little he took was soon vomited.

*Autopsy.*—The body was greatly emaciated, the color of the skin of a dirty yellow, and the muscular system had almost disappeared. The pupils were wide, the thorax well arched, the abdomen sunken. The substance of the brain infiltrated with serum. Thyroid gland small. Both lungs glued to the costal pleura in places, and infiltrated with serum. The bronchi in the lower lobe of the right lung contained puriform mucus. The liver unduly vascular and tough; gall thick. The stomach much dilated at fundus, and contained gas. In the submucous cellular tissue of the pylorus there was found a tough growth (fibrous cancer), by means of which the calibre of the orifice was reduced to the size of a goose-quill. In two places the mucous covering had been exfoliated, which laid bare the new growth. The remainder of the gastric mucous membrane was well preserved; somewhat eroded in spots. The muscles of the organ were very much hypertrophied. The cancer was united to the mesentery and transverse colon. The mesentery was shrunken. The mucous membrane of the transverse colon was not much changed, but lower down it was swollen and injected.

[The names malignant and benign, as applied to new growths, are not much used by the modern pathological anatomists of Germany. No man can give a distinction between the two which will hold good in every case, for the ordinary enchondroma or any harmless formation may take on ulceration and produce death. It is often difficult to distinguish between fibrous growth and scirrhus; for instance, in the formations about the pylorus, which some consider scirrhus, others only fibrous, because no cancer cells can be found. Yet we find just such growths in which the cancerous juice has begun to form, and in the later stages of the same true encephaloïd appearances. It is probable that the fibrous growth is the first step, and that scirrhus is only the first stage of encephaloïd, and that cancer usually begins fibrous and may remain so a long time, but when the encephaloïd stage ensues the course of the disease is rapid, since it is ulcerative in its nature. J. C. W.]

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#### NOVEL METHOD OF EXTRACTING A FOREIGN BODY FROM THE OESOPHAGUS.

BY DAVID RICE, M.D.

(Communicated for the Boston Medical and Surgical Journal.)

MRS. FIELD, a lady aged 70, while eating chicken-soup, accidentally swallowed a piece of bone, the size of an American quarter

of a dollar cut into a triangular form. The bone lodged in the œsophagus, about two inches below the top of the sternum. Thinking that it might fall into the stomach, she neglected to apply for surgical aid until the fifth day after the accident. In the meantime, she had swallowed neither food nor drinks, both regurgitating back into the mouth with every attempt to do so.

I was called the fifth day, to try to remove the bone by surgical means. My first attempt was with a piece of whalebone, the extremity being perforated with numerous small holes, into which were fastened a dozen or more loops, about an inch long, made with small linen twist.

With this contrivance I failed, after many patient trials. I could readily reach the bone, but the loops did not fasten to any point of its angular form with sufficient permanency to enable me to extract it. I could even pass the piece of whalebone beyond the foreign body, and ascertained that it rested upon the posterior side of the œsophagus, standing perpendicularly, with two of its corners fastened into the gullet.

I finally took a piece of dry sponge, about an inch long, and of such a shape, when dry, as to fill one half of the œsophagus. This I tied to the extremity of my whalebone sound. Turning back the head of my patient, I passed it down the œsophagus, *in a dry state*, as rapidly as I dared to do, until I was certain it had passed beyond the bone. I then introduced a little fluid into the mouth, which quickly reached the dry sponge, enlarging it to twice its natural size, completely filling the gullet. I drew it out, and with it came the bone, much to my own gratification and my patient's relief.

*Leverett, Mass., November, 1857.*

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#### RECOVERY OF A YOUNG INFANT AFTER TAKING TWO GRAINS OF OPIUM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—The subjoined case is at your disposal.

July 29th, 1856, at 11 o'clock, P.M., the infant child of Mr. N. R., of Granby, *only six days old*, received at the hands of its nurse, who was ignorant of the power of the medicine, two grains of the powder of opium, suspended in a teaspoonful of simple syrup. It was given to allay pain, which its intense cries indicated that it was suffering. The powder was one of several which had been left at the recent confinement of its mother, to subdue post-partum pains. Inquiries made of the nurse, elicited the statement that "a similar powder had produced such a good effect on the mother, they thought it would do the same for the child," and that "the child had got nearly the whole of the powder."

On my arrival, at one o'clock, A.M., two hours later, I was met

with the remark, that the child "had breathed its last some moments before." The respiratory function was suspended, the face and lips were livid, the pupils contracted to a point, and it was not only perfectly comatose, but in a state of complete asphyxia. The finger applied to the wrist detected the pulsations of the radial artery, slow and irregular. With scarce a hope of restoring the suspended animation, or of sustaining life long enough to permit the influence of the narcotic to pass off, but rather for the purpose of watching the result of the experiment, artificial respiration was resorted to, and continued, with my finger on the pulse, for the space of ten minutes, resulting in a greater distinctness and regularity of the arterial beat, and a partial bleaching of the leaden features. Encouraged by these slight results, the same means were continued, to which were joined the application of energetic rubefacients to the spine and extremities, dry heat to the rest of the cutaneous surface, and the application of volatile ammonia over different portions of the body, together with repeated enemas of brandy and turpentine. At the expiration of half an hour, while suspending the artificial respiration, for the purpose of rest, a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laboring and irregular pulse. In from three to four minutes, the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued, with occasional interruptions, for the space of more than three hours, before continuous unaided respiration was sustained.

At the close of the second hour, it was observed that the above-mentioned spasmodic expansion of the lungs would occur at irregular intervals of one or two minutes, succeeded by perfect rest, except the slow and *imperceptible* contraction of the lungs as the air gradually oozed out from their cells. At the close of the third hour, the respirations were more regular and uninterrupted, and repeated about twice per minute. The artificial aids were withheld—the external agents continued, broth was added to the injections, and to one of them, castor oil, which was followed by a copious alvine dejection. But it was not until ten hours had elapsed after the narcotic had been taken, that anything could be introduced into the child *per vias naturales*. Tincture of belladonna was subsequently given, with no perceptible effect. In twenty-four hours, scarce a trace of the effects of the poison was observable, and the child triumphantly vindicated its title to life, which was disputed by the reprehensible carelessness of its guardians, and evinced that tenacity of life which is not infrequently exhibited by infants at that tender age.

This case was regarded by me with especial interest, for the following reasons.

1st. The age of the child—only six days. I have met with no recorded case where so young an infant has recovered from effects, so intense, of a narcotic poison.

2d. The quantity of opium taken into the stomach, and *remaining there*. There could have been no less than a *grain and a half*—probably more—swallowed by the child. The quality of the article, I have no reason to question.

3d. The entire suspension of the cerebral influence over the respiratory function, which must necessarily have been followed by speedy death unless the function had been artificially sustained. The asphyxia was complete, and not the slightest evidence of sensibility could be elicited by the application of various tests to different portions of the cutaneous surface or to the Schneiderian membrane. Deglutition could not be excited until ten hours after the poison was taken.

4th. The effects of the artificial respiration, which was performed in the simplest manner and prolonged for a period of more than three hours, by which the heart was kept in motion, until the brain had “struggled through its conflict with the narcotic and was enabled to resume its natural action.”

There were no convulsions, although the muscles were for most of the time in a state of tonic rigidity. C. N. CHAMBERLAIN.

*Northampton, Mass., Nov. 5th, 1857.*

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 9th.—*Cancer of the Uterus; Sacs containing Albuminous Fluid, involving the Psoas Muscle.* Case reported by Dr. AYER.

Mrs. H., aged 32 years, intelligent, of lymphatic diathesis, anemic, and emaciated in appearance, came under my care the 2d of July last. She had arrived a few days before in a steamer from Baltimore, and bore the fatigue of the voyage without particular inconvenience. It was difficult for her to walk in the street without support, and she complained of the jar of a carriage. The following is the history of her case :

Born in Boston, for the last eight years she had resided at New York, and in Southern cities—spending a portion of every summer with friends at the North. In early life her health was good, but for several years past, she had suffered much from general debility and leucorrhœa. For the last two years her health had materially declined, and she had felt a great degree of lassitude. About a year before her arrival, her case was examined by several physicians, all of whom pronounced it ulceration of the mouth of the womb. A variety of topical applications, such as nitrate of silver and caustic potash, from which she suffered acutely, were freely employed; general remedies also were freely ordered. At times her medical attendants believed that the ulceration diminished; but no reliable progress was made toward

a cure. Her strength, in the meanwhile, gradually failed, and her sufferings increased.

In September, 1856, after a long walk, and in a state of perspiration, she took a cold bath—a practice she was in the habit of indulging in, without special care, and in all states of the weather. Immediately after this bath she had a violent chill, and thereafter began to feel frequent pains extending from the left hip downward as far as the knee. Pain in the lumbar region was also experienced. Painful and scanty micturition supervened, which continued more or less to the present time.

Physicians in other cities, subsequently consulted by her, diagnosed her case as one of ulceration, and some of them apprehended cancerous degeneration.

The pains of the hip and thigh gradually increased in frequency and severity. These were considered to be neuralgic, and growing out of the uterine affection. Early in the past summer she began to experience a degree of difficulty in walking, and at times exercise caused considerable pain of the left leg, attended by slight contraction of the tendons under the knee.

During this period, there had been repeated haemorrhages from the womb; and two or three times it was profuse. There was a constant discharge from the vagina—usually thin and watery—and always offensive. But little purulent matter had appeared. Morphia, in doses of a quarter to half a grain, was taken to alleviate pain, and procure sleep. Her nights became more wakeful and the general symptoms more serious. Thus the case wore on, and she determined to visit her friends in this city.

On examination, Dr. A. found her pale, with lax muscular fibre, the lines of her face indicating suffering, pulse 80 to 90 per minute, variable and irritable, and an impoverished circulation. There was no apparent swelling of the abdomen, hip or thigh. The appetite was generally good, though capricious. The bowels were costive, and rarely moved except by cathartics; they had been for a long time in this torpid condition. Urine scanty, light-colored, and micturition painful. Pain of the loins was complained of, together with moderate night sweats.

A speculum, of the usual size, was passed without difficulty. The vagina and external organs appeared perfectly healthy. The anterior lip of the os uteri was very tumid, and presented an extensive ulcer, larger in circumference than a dime, lozenge-shaped, with its edges well defined, and prominent. There was, otherwise, nothing particularly noticeable in its appearance. Its color was light brown; no blood or pus was discovered—only a thin watery fluid. The diseased parts were rather tender, though the examination was well borne. A second examination, a few days after, confirmed the first appearances, except that the ulcer had rather increased. Injections with chloride of soda, alternated with astringents, were ordered, with morphia to allay pain, and sulphate of quinia and citrate of iron with porter, as tonics. In the third week of Dr. A.'s attendance, Dr. Channing saw the patient in consultation. The ulcer continued about the same as at the last inspection, and the uterus had not the hardness or feel of scirrhus. The hip and leg had become more painful, and the outside of the thigh—especially about six inches above the knee, and

over an extent as large as the hand—was particularly sensitive. The upper portion of the thigh, on life inside, had become slightly puffy, but no induration, or tenderness on pressure, or fluctuation, were perceptible. The veins of the limb were neither hard nor corded, nor painful to the touch. Considerable pain began to be experienced in moving the right limb. The leg was drawn up, or bent, and usually laid on a pillow, as the most comfortable position. This contraction was well-marked, and became permanent.

A variety of anodyne liniments were ordered to the limb, and morphia was chiefly relied upon to induce sleep, given in half-grain doses, and frequently repeated. The extract of belladonna, cicuta, valerianate of morphia, hyoscyamus and other sedatives, were employed with but partial relief.

Toward the last of July the patient had a severe diarrhoea, which exhausted, to a great degree, her strength. Accompanying this attack, there was aphthous mouth, which troubled her through her illness.

In August, Dr. Channing again saw the patient, but the leg had become so extremely tender, and it was so difficult to move her, that an examination with the speculum was deemed impracticable. Attention was withdrawn from the uterus to the sufferings in the limb, which afterward claimed the entire treatment. No inspection of the ulcer was made after the fourth week. The discharge continued about the same, with a few drops of blood occasionally intermixed.

In September, the entire left leg had become very much swollen—the foot and ankle pitting on pressure. The tender spot above the knee gradually became less painful, and the whole leg became more sensitive. Sulphate of morphia, in grain doses, was found inadequate to procure much sleep, and sulphuric ether was inhaled. As the sufferings augmented, the quantity employed was increased, so that six or seven weeks before death the patient inhaled sometimes three pounds in twenty-four hours. This great quantity was not required all the time—but frequently was for three or four days in succession, when the pain would partially subside, and a less quantity, with morphia, would suffice. The pulse was small—averaging 100 per minute.

The alvine discharges were reported healthy, and never offensive like the vaginal. No examination, per anum, was ever made.

For the last few weeks Mrs. H. could take but little nourishment, or stimulants. The vital forces at last yielded to her painful and anomalous affection, and she died October 31st.

Ulceration was known to exist, and cancerous degeneration was suspected. Obstruction of the veins, with pressure on the nerves of the leg, were supposed to exist, from some unknown cause.

To the last, neither inequality or tenderness of the abdomen, nor symptoms of peritoneal inflammation, nor fluctuation in the groin or elsewhere, were detected. The intellect continued clear throughout.

It should have been mentioned that for the last few weeks pain was complained of in the right hip, extending down the thigh, similar to that of the left, but far less severe, and the entire limb became moderately edematous, with pitting at the ankle and foot.

The post-mortem examination rendered comparatively clear, a morbid condition altogether unsuspected during life.

*Sectio-Cadaveris*, by Dr. ELLIS. On examination, it was seen that the greater part or the whole of the neck of the uterus had been destroyed. The lower portion of the body was converted into a firm bluish-white cancerous growth, which gradually blended with the healthy tissue above. The upper part of the vagina and the adjacent structures were extensively involved in the same disease, which presented a different appearance, however, from that found in the uterus. It was quite soft, finely lobulated, in parts of a dark-brown or blackish color, and very offensive. A portion of the anterior wall of the rectum, more than an inch in diameter, had been destroyed. The mucous membrane of the intestine was, for some distance, of a bright-red color. At the bottom of the cul de sac, behind the uterus, the disease could be felt through a large opening in the peritoneum. There was no peritonitis.

In the left lumbar region was found a large sac, extending from the lower rib to a point three inches below Poupart's ligament. It apparently occupied the psoas muscle and others in the neighborhood. The anterior parietes were three or four lines in thickness. It contained about four pints of slightly-yellowish, viscous, albuminous fluid, like that found in the peritoneal cavity in ascites, and some ovarian cysts. Much of the interior was coated with an irregular, yellowish-white layer several lines in thickness, resembling firm lymph. Portions of the muscular substance forming the walls, appeared to be in immediate contact with the fluid, and had a somewhat macerated look. The crural nerve passed through the upper part of the sac, partly imbedded in muscle: these lay upon the outside, beneath the anterior superior spinous process of the ilium. The external iliac artery passed through the lower part of the cavity, isolated from the tissues by which it is usually supported. On being opened it was found perfectly healthy. The cavity of the vein was obliterated. In the right psoas muscle was a similar cavity containing about four ounces of the same fluid.

No disease of the spine was found, nor any connection with that of the uterus.

The thoracic organs were not examined. The others presented no appearances worthy of note.

The most remarkable feature in the case was the existence of the two sacs filled with albuminous fluid, the disease having probably commenced on the psoas muscle: for on the right side this alone was affected. No dead bone was found, and, indeed, the appearance of the fluid and the interior of the cavities was such as to exclude the idea of an abscess from any cause.

Nov. 23d.—*Perforation at the Umbilicus; Discharge of a kernel of Hulled Corn.* The following account of the case, furnished by Dr. PATCH, was read by Dr. STORER.

"W. H. D. called on me on Tuesday morning, May 26th, and complained of a slight discharge of matter at the navel, which had troubled him about three weeks. He said he thought it was caused by his flannel. I examined the part carefully—more so than I should have done, perhaps, in consequence of having recently had a case of perforation at that part under my care. No redness, heat, hardness, swelling or tenderness was to be detected there, or in any part of the

abdomen. He said, at the same time kneading his bowels violently, that nothing was the matter with him except the trouble from the discharge.

"Considering it only an irritation, I ordered the part to be carefully cleansed, and an ointment containing tannin and morphia to be applied, at the same time advising quiet, with a light diet, and great caution, fearful of what might occur. He told me he should return to his business, that of a restorateur, as he had no one on whom he could depend. He kept at his work all day without trouble. After retiring and sleeping easily, he was awakened, about midnight, by an uneasy feeling at the navel. He arose and applied the ointment. While applying it he nearly fainted, as he said, from the effect of the application. His wife helped him back to bed, he being unable to return alone. He remained in bed all day on Wednesday.

"On Thursday, I was called to him and found him in bed, complaining of pain in the abdomen, on motion, mostly on the right side, and around the navel, which he said he thought was caused by the ointment. I found, on examination, some swelling, with tenderness and hardness, around the navel. Pulse 72. Skin natural. Tongue slightly furred. No appetite or thirst. He had had no operation from the bowels since Tuesday. The urine was rather high colored. A cataplasma was ordered to the part.

"On Friday, I found him very comfortable, without pain. He had rested well. On removing the cataplasma to examine the navel, I observed a white substance, apparently protruding from the part. (There was a cloth between the cataplasma and the abdomen.) I attempted to remove this substance, at the same time remarking to his wife that she had put a bean under the cloth. She said she had not. On moving the substance, which so closely resembled a bean, a gush of faecal matter at once followed. On close examination this proved to be a kernel of hulled corn. Without making this known, I inquired if he had eaten anything of the kind of late; at first he said no, but his wife reminded him of having eaten hulled corn for dinner about three weeks before, but not since. His dinner at that time caused him no trouble that he could remember. His bowels had, during this time, been regular, and when I told him what I taken from the navel, and the danger he was in, he was much surprised as well as alarmed.

"I kept him quiet, ordered light diet, and gave mild laxatives, as his bowels were inclined to be costive, and when in that state I found the discharge at the navel increased. Kept up gentle pressure on the part. In about a fortnight, he began to sit up, contrary to my wishes. In less than three weeks he called on me at my office. The discharge at this time was very slight, but decidedly faecal in character.

"Saw him June 25th, and examined the part carefully and found no discharge or trouble of any kind. I recommended great care. Saw him again, July 22d, and, from the examination, I should not have known that he had ever had any trouble at the navel. He said he felt as well as he ever had, and on the whole thought he was better, on account of his being obliged to live so carefully. He continues well to the present time (October)."

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1837.

## INFANT MORTALITY.

THE great preponderance of deaths during the first five years of existence, compared with the mortality at any other period of life, has been well known ever since the application of statistics to the important subject of the duration of human life; and various causes have been assigned for the fact. In a paper presented at the last meeting of the American Medical Association, by Dr. D. Meredith Reese, and lately re-published in a pamphlet form, it is stated that this disproportion is much greater in the city of New York than elsewhere, and that it is constantly increasing, the deaths of those under 5 years of age having been 49 per cent. of the entire mortality of the city during a period of 50 years. Within the ten years ending with 1833, an increase of 8,375 such deaths occurred, which is greatly beyond the proportional increase of the population for the same time. Dr. Reese observes that the infant mortality in American cities is 8 per cent. above that of Glasgow, 10 per cent. above that of Liverpool, and nearly 13 per cent. above that of London. If these figures are correct, they show a much greater infantile mortality in New York than prevails in Boston. Thus, the deaths of those under 5 years of age in the former city amounted in 1831 to 61 per cent. of the total number of deaths, while the number under 5 years of age who died in Boston during the same year, was 48.45 per cent. of all the deaths.

The principal causes assigned by Dr. Reese for this great infant mortality are, defective vitality at birth, mismanagement of infancy by parents, nurses, or doctors, bad hygienic influences, and, above all, the criminal production of abortion, which last he maintains is practised to an alarming extent, encouraged as it is by a large and influential portion of the community, who countenance that infamous race of murderers who are always ready for hire to assist those desirous of preventing an increase of family, or to remove the consequences of guilt.

Among the remedies proposed by Dr. Reese for this sacrifice of life, is one so utterly impracticable that we are surprised it should even be suggested. He gravely proposes the enactment of laws requiring parties intending marriage to subject themselves to a medical examination, in order to prohibit such alliances as are likely to be followed by unhealthy offspring. "Celibacy should be required by statute of all consumptive, scrofulous, scorbutic, gouty, insane, intemperate, and especially syphilitic individuals of either sex, and this for grave reasons of state which concern the public weal." A very good thing, if it could only be done. The idea of prohibiting by law marriages between parties connected by consanguinity, which comes within the limits of possibility, does not seem to have occurred to Dr. Reese.

In order to remove temptation to the unnatural crime of "abortionism" and infanticide, Dr. Reese recommends the establishment of

founding hospitals by the State, in large cities, "for the reception of infants, and the concealment of the shame of unhallowed mothers." We greatly question the expediency of this last proposal, which would be offering a direct encouragement to crime: and it would be unjustifiable to seek to remedy one evil by the establishment of another. A much more efficient and practical remedy for the prevention of this crime would be a law requiring the causes of death to be certified by the physician in attendance, or, where there has been no physician, by one called in for the purpose. In this way the cause of death, both in infants and mothers, could be traced to attempts to procure abortion. In three cases which occurred in Boston in 1855, the death was reported by friends to be owing to natural causes, and in each it was subsequently ascertained that the patient died in consequence of injuries received in procuring abortion. It is probable that such cases are by no means rare: and if the cause of death were known, an immediate investigation might lead to the detection of the guilty party.

One suggestion of Dr. Reese, that of the establishment of hospitals for sick children, meets with our hearty approval. We believe that in the present condition of the lower classes of society they constitute the most effective means for diminishing the mortality among children, and of promoting the growth of a healthy and vigorous population.

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**DR. FELL'S TREATMENT OF CANCER.**

We have lately seen a Report of the Surgical Staff of the Middlesex Hospital to the Weekly Board of Governors, upon the treatment of cancerous diseases in the Hospital on the plan introduced by Dr. Fell. Including an appendix of 52 cases, it makes a small duodecimo volume of over a hundred pages. From the perusal of a work on Cancer, by Dr. Fell, in which he discloses his secret, we had arrived at the conclusion, that, like most secret methods of cure, it was good for nothing. The Surgeons of Middlesex Hospital having so far departed from the standard of medical ethics as to patronize one who pretends to cure by a secret remedy, would, we suppose, naturally seek to justify themselves by giving as favorable a report as possible. They candidly state, however, that neither Dr. Fell's "paste," nor the sanguinaria used internally, possesses the slightest control or curative effect over the constitutional nature of cancer: that there is severe pain at some time or other in every case subjected to the treatment, and constant, but bearable pain, in the majority of cases: and that so far as observed, the new plan of treatment is not superior to that of the knife in preventing the return of the disease. In regard to the mode of applying the caustic, however, by inserting it into incisions made in the tumor, they consider it a clear advance upon the past. To quote their own words, "The sanguinaria is inert—the chloride of zinc paste was known before: but the incisions constitute a new feature in the treatment of cancerous tumors, for which we find no parallel in the writings of the past, or in the practice of present surgeons."

If it be true that the application of caustics to cancerous tumors by means of incisions is original with Dr. Fell, and that it is of real advantage in the treatment of the disease, it is the more to be regretted that he should have sought to involve it in mystery by associating it

with an inert secret remedy, in order to profit by appealing to the love of the marvellous which is inherent in the minds of the vulgar, instead of achieving for himself an enviable reputation by advancing the progress of medicine in a legitimate way.

#### LECTURES ON DISEASES OF THE EYE.

We would call attention to the course of lectures to be delivered by Dr. H. W. Williams, upon Ophthalmology, and which will commence this afternoon, at 3½ o'clock, at the Central Office of the Boston Dispensary, corner of Bennet and Ash Streets.

The great advantage to students, and to general practitioners, also, to be derived from a *clinique* of this description, is undoubted. The number of patients with various ophthalmic affections, registered at the central office, is very large: and an opportunity is thus afforded for witnessing operations and for observing the results of treatment, which ought to be improved by all who wish to acquire the requisite knowledge of these exceedingly common and important diseases.

We need hardly say, that the lecturer's experience and facility in communicating information, ensure the acquisition of valuable knowledge to attentive auditors and observers.

#### DR. BROWN-SEQUARD'S RESEARCHES ON EPILEPSY.

THOSE of our readers who are interested in physiology must have perused with much satisfaction the interesting series of papers on the subject of Epilepsy, written for this JOURNAL by Dr. BROWN-SEQUARD. These papers have been re-printed in a separate volume, which will render them convenient for preservation and reference. We refer those wishing to obtain copies to the advertisement in the present number. It will be recollect that for the discoveries announced in these papers, Dr. Séquard received a prize of £100 from the Queen of England, being part of a fund annually appropriated for the encouragement of scientific researches, and awarded under direction of the Royal Society to those who have made the most important discoveries in any branch of science during the year. It is satisfactory to know that Dr. Séquard's investigations in the pathology of epilepsy are likely to throw light, eventually, upon the treatment of this disease, which has so long baffled the skill of physicians. Dr. Séquard is about to issue a quarterly Journal of Physiology, in Paris, the first number of which will appear early the present month, and which will be a most valuable addition to scientific periodical literature.

#### GREEN COLOR IN PAPER HANGINGS.

MESSRS. EDITORS.—An article, copied from the *London Lancet*, upon the use of wall-paper colored with arsenite of copper (Scheele's green), which appeared in your issue of last week, is so well calculated to mislead, that a word of comment seems called for. It has been repeatedly noticed in Germany, that when the walls of damp rooms have been covered with green paper containing arsenic, a partial decomposition of the arsenical compound has occurred, attended with an extremely disagreeable odor, and seriously affecting the health of the inmates.

Louyet, a Belgian chemist, is of opinion that the deleterious agent is arsenuretted hydrogen, formed by the action of water, in presence

of decomposing organic matter, upon the arsenite of copper. In support of this, Louyet calls attention to the similar odor given off by metallic arsenic which has been kept for some time under water. Louyet's view has been generally adopted by chemists. Whether this be true or not, the fact is well established that the use of green arsenical wall-paper is very dangerous in localities exposed to dampness.

Several European States have forbidden the sale of such papers, under severe penalties. The experiments detailed by the *Lancet* are not new, and are entirely negative: that "the arsenite of copper does not sublime at ordinary temperatures" has long been known, while the fact that the use of green arsenical paper in well-ventilated, dry apartments is unattended with danger, is laid down as law in every German "Complete Housewife."

FRANK H. STORER.

*Arrests for Disinterment of Dead Bodies.*—The newspapers have lately given an account of the arrest of the City Sexton and also a medical student in Chicago, for unlawfully taking bodies from a cemetery in that city. It appears that the student has since been discharged, and the sexton held to bail. No little excitement, it seems, has been caused by the affair, and regrets were expressed in the *Chicago Daily Tribune* that the offence had not been made punishable by imprisonment in the penitentiary. In regard to this expression, as well as to the whole subject, an able letter was addressed to the editors of that paper, and is copied into the last number of the *North Western Medical and Surgical Journal*. The writer views the matter in a plain, common-sense light, and shows that, legally, even without the penitentiary penalty, the profession in Illinois "are placed very much in the condition of the Israelites in Egypt, when they were required to make the full number of bricks daily, but denied the straw or materials necessary to make them of." Instead of increasing the penalty, the writer urges the passage of a law like the one lately enacted in New York, and, he might have added, long before enacted in Massachusetts, by which dead bodies in poor-houses, &c., not claimed by friends, are given up for dissection.

We are requested to state that the publication of Dr. Metcalfe's work on "Caloric" is necessarily delayed until the ensuing spring, in consequence of the general financial depression.

*Health of the City.*—Pneumonia still continues to be fatal among us, 7 deaths having been reported last week from that disease, being the largest number from any one cause except consumption. There were 4 deaths from typhoid fever, and 2 from scarlatina. The number of deaths for the corresponding week of 1856 was 88, of which 15 were from consumption, 3 from pneumonia, 2 from typhoid fever, and 16 from scarlatina.

*Deaths in Boston for the week ending Saturday noon, November 29th, 87.* Males, 31—Females, 36—  
 Accident, 1—apoplexy, 1—congestion of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—cancer (in the stomach), 1—consumption, 16—convulsions, 3—croup, 3—dyspepsia, 2—infantile disease, 2—puerperal, 1—erysipelas, 1—typhoid fever, 4—scarlet fever, 3—gravel, 1—disease of the heart, 3—beriberi 1—congestion of the lungs, 7—marasmus, 5—old age, 1—palsy, 2—pleurisy, 2—rheumatism, 1—tumor (abdominal), 1—unknown, 1—whooping cough, 3.  
 Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years,  
 19—above 60 years, 6. Born in the United States, 37—Ireland, 24—other places, 6.

**THE VERMONT MEDICAL SOCIETY**—held its annual meeting at Montpelier, Oct. 21st. Officers for 1857-8:

*President*—H. F. Stevens, St. Albans. *Vice President*—Kimball Russ, Pomfret. *Secretary*—W. H. H. Richardson, Montpelier. *Treasurer*—Charles Clarke, Montpelier. *Executive Committee*—James Spalding, C. B. Chandler, C. M. Rublee, all of Montpelier.

*Delegates to Burlington Medical School*—J. L. Chandler, St. Albans; E. D. Warner, New Haven.

*Delegates to Castleton Medical College*—P. D. Bradford, Northfield; C. B. Chandler, Montpelier.

*Delegates to the American Medical Association*—Drs. Converse of Norwich, S. Nichols, Gibson of Pomfret, Dickerman of Brattleboro', Ru-sell of Middlebury, Spalding of Montpelier.

Prof. W. Carpenter will address the Society at its semi-annual meeting to be held at Rutland, on the last Wednesday in June and the Thursday following.

Prof. J. Perkins will deliver an obituary address upon the late Dr. Bowen, of Clarendon, at the next annual meeting.

*Committee of Arrangements for the Meeting at Rutland*—C. Cook, J. B. Porter, Rutland; Prof. J. Perkins.

Drs. Stevens of St. Albans, and Allen of Middlebury, were appointed a committee to assist the Secretary of State in carrying out the Registration laws of 1856.

**Borden's Condensed Milk.**—The Section of the New York Academy of Medicine, to whom was referred the subject of condensed milk, which article has lately been brought into use, have reported very favorably respecting it. The conclusion of their report, as published in the *American Medical Gazette*, is as follows:

"In conclusion, the Section beg leave to assure the Academy that they believe Borden's Condensed Milk to be what it purports to be, and nothing more; viz., pure milk deprived of most of its water, and deficient in none of its nutritive elements. They believe it to be the best possible substitute for pure new milk that can be had in this or any other city—equally adapted to the wants of all conditions of life, and often a valuable auxiliary to the physician, either in private or hospital practice. And as such, the Section would earnestly recommend it to the favorable notice of the Academy."

**Poisoning by Lead, at Norwich, Conn.**—It is stated in the papers of the day, that several persons have recently died at Norwich, Conn., it was learned from lead poison, taken into the system with the water supplied from "Kenney's Aqueduct." The Norwich Courier says the worst fears are confirmed. A quantity of this water was lately sent to Dr. James R. Chilton, chemist, New York, for analysis. He states that it contains lead in solution, in the proportion, as near as he can estimate, of four grains of lead to one gallon of water. The water thus tested was drawn from the supply pipe which has supplied for years the family of Deacon Charles Lee, and there is no reason to suppose that it was any more strongly impregnated than that used by every other family supplied from the same aqueduct.

The Courier says:

"The aqueduct which has thus been doing its work of death, has been in operation for many years—probably not less than twenty-five—and how many, young and old, have gone, within that period, to premature graves, no one can tell. But busy memory in the minds of those most familiar with the history of families residing on Church and Washington streets, recalls cases after cases of death, the symptoms of which point to the poisoned water of this aqueduct as the cause."

**The Anniversary Oration** before the New York Academy of Medicine was delivered on the 18th ultimo, in the new building of the Historical Society, before a large audience. The orator, Dr. J. Marion Sims, selected as his topic the specialty to which he has been so long devoted, illustrating by drawings, &c., his method of operation. As the publication is ordered, it is only necessary to say that it will be found to enhance the author's high reputation.—*Am. Med. Gaz.*

Migette, a farmer in Algeria, and M. Alguie, military surgeon, have just respectively obtained the premium of £10, for having made known to the authorities two cases of cow-pox upon cattle belonging to M. Migette.—*Lond. Lancet.*